

## CONSOLIDATED TRANSPORTER NOTIFICATION

### 1. BUSINESS NAME -

- Enter the name, the "DBA" (doing business as) name, or fictitious name under which you are doing business. This will be the same name that will appear on the Registration Certificate issued by the Department of Toxic Substances Control (DTSC), the Certificate of Insurance for Public Liability Coverage (Form DTSC 8038), and the Endorsement for Motor Carrier Policies of Insurance for Public Liability (Form MCS-90).
- If you have more than one DBA or fictitious name, you must apply for a separate registration for each DBA or fictitious name under which you will transport hazardous waste.

### 2. TRANSPORTER REGISTRATION NUMBER - Enter your current Registration Number.

### 3. BUSINESS ADDRESS - Enter the complete business address.

### 4. MAILING ADDRESS - Enter the complete mailing address.

### 5. CONTACT NUMBERS - Enter the telephone number, fax number and e-mail address of the business contact person.

### 6. IDENTIFICATION NUMBER (Also Known as Environmental Protection Agency (EPA) ID Number) -

If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code, Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers used by your company on these manifests.

### 7. Check all applicable boxes of wastestreams that you plan to transport under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2.

### 8. The business owner or officer who is authorized to make decisions for the business shall sign in the space provided. Enter the full printed name and title of the person signing the form, and the date that the form was signed. Since the original signature is required on the form, please **do not sign using a black ink pen** - any contrasting color will do.